



Application for License Retailer Status

For Office Use Only

Received _____

Entered _____

Contacted _____

Business Name

Federal Tax ID

Primary Business Contact Name (last, first)

Business E-mail Address (if available)

Business Telephone Number

Business Fax Number

Business Address

City

State

Zipcode

County (if in Indiana)

Is this a corporate account with multiple stores?

YES _____

NO _____

If yes, is a corporate account desired?

YES _____

NO _____

ATTACH COPY OF VOIDED DEPOSIT TICKET IN THIS AREA

I certify that the information contained on this application is true and correct. I am authorized to sign or act on behalf of the business identified above. I authorize the State of Indiana, Department of Natural Resources, Division of Fish & Wildlife to withdraw funds from my account for payment for sales of Fish & Wildlife licenses. In the event of non-sufficient funds, I understand that my account will be charged a \$27.50 fee for each occurrence.

Bank Name

Routing Number (10 digits)

Account Number

Signature of account holder

Date